

DO/EO WORKSHEET

Paralegal/ National Stage Division

U.S. Appl. No.

10/519007

International

Appl. No.

EP03/06507

Application filed by :

☒ 30 months

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INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

- | | |
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| <input checked="" type="checkbox"/> International Application | <input type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> Article 19 Amendments | <input type="checkbox"/> PCT/ISA/210 - Search Report |
| <input type="checkbox"/> PCT/IB/331 | <input type="checkbox"/> Search Report References |
| <input checked="" type="checkbox"/> PCT/IPEA/409 IPER (PCT/IPEA/416 on front) | <input type="checkbox"/> PCT/IB/306 - Notification of a Change |
| <input type="checkbox"/> Annexes to 409 (Article 34 Amendment) | <input type="checkbox"/> Other : _____ |
| <input checked="" type="checkbox"/> Priority Document (s) No. _____ | |

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| <input type="checkbox"/> Application Data Sheet | <input checked="" type="checkbox"/> Oath/ Declaration (executed)
<input type="checkbox"/> surcharge was paid at the time of filing |
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NOTES : ☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371(c)(1), (c)(2) and (c)(4)

Date of Completion of ALL requirements under 35 U.S.C. 371

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 916 - Notification of Defective Response

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<input checked="" type="checkbox"/> Filing		<input checked="" type="checkbox"/>	<u>12/20/04</u>							
<input type="checkbox"/> Amendment			\$							
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<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
		8 TO BE REFUNDED BY:								
		<input checked="" type="checkbox"/> Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">6</td> <td style="width: 20px;">5</td> </tr> </table>		1	1	--	0	6	6	5
1	1	--	0	6	6	5				
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<input type="checkbox"/> Overpayment										
<input checked="" type="checkbox"/> Duplicate Payment										
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
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